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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	631020.90015
	<b>First Named Inventor</b>	Martin G. Sirois
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	09 / 945,131
	<b>Filing Date</b>	August 31, 2001
	<b>Group Art Unit</b>	1635
<b>Examiner Name</b>		

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LOCALIZED OLIGONUCLEOTIDE THERAPY FOR PREVENTING RESTENOSIS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) August 31, 2001 as United States Application Number or PCT International

Application Number 09/945,131 and was amended on (MM/DD/YYYY) n/a (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
n/a			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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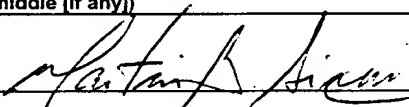
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## DECLARATION — Utility or Design Patent Application

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Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Martin G.			Family Name Sirois or Surname		
Inventor's Signature 			Date 12/11/01		
Residence: City Montreal		State Quebec	Country Canada	Citizenship Canada	
Mailing Address 5000 Belanger Street					
Mailing Address					
City Montreal		State Quebec		ZIP H1T 1C8	Country Canada
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Elazer R.			Family Name Edelman or Surname		
Inventor's Signature			Date		
Residence: City Brookline		State MA	Country USA	Citizenship USA	
Mailing Address 91 Baxter Road					
Mailing Address					
City Brookline		State MA		ZIP 02146	Country USA
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>3</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Robert D.		Rosenberg	
Inventor's Signature		Date	
Residence: City Jamestown	State RI	Country USA	Citizenship USA
Mailing Address 126 Highland Avenue			
Mailing Address			
City Jamestown	State RI	ZIP 02835	Country USA
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Given Name (first and middle [if any])		Family Name or Surname	
Michael		Simons	
Inventor's Signature		Date	
Residence: City Chestnut Hill	State MA	Country USA	Citizenship USA
Mailing Address 115 Grove Street			
Mailing Address			
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Inventor's Signature			Date		
Residence: City Montreal		State Quebec	Country Canada	Citizenship Canada	
Mailing Address 5000 Belanger Street					
Mailing Address					
City Montreal	State Quebec	ZIP H1T 1C8	Country Canada		
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Elazer R. (first and middle [if any])			Family Name Edelman or Surname		
Inventor's Signature <i>Elazer R. Edelman</i>			Date 11/27/01		
Residence: City Brookline		State MA	Country USA	Citizenship USA	
Mailing Address <del>91 Baxter Road</del> 30 WARREN ST.					
Mailing Address					
City Brookline	State MA	ZIP 02146-02445	Country USA		
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



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Inventor's Signature		Date	
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Given Name (first and middle [if any])			Family Name or Surname					
Martin G.			Sirois					
Inventor's Signature			Date					
Residence: City		Montreal	State	Quebec	Country	Canada	Citizenship	Canada
Mailing Address						5000 Belanger Street		
Mailing Address								
City		Montreal	State	Quebec	ZIP	H1T 1C8	Country	Canada
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname					
Elazer R.			Edelman					
Inventor's Signature			Date					
Residence: City		Brookline	State	MA	Country	USA	Citizenship	USA
Mailing Address						91 Baxter Road		
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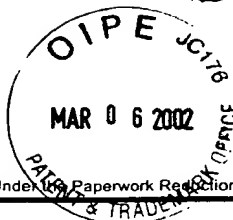
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ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Robert D. <i>Robert D. Rosenberg</i>		Rosenberg	
Inventor's Signature <i>Robert D. Rosenberg</i>		Date 12/15/01	
Residence: City Jamestown	State RI	Country USA	Citizenship USA
Mailing Address 126 Highland Avenue			
Mailing Address			
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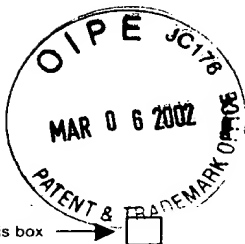
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City		State		ZIP				
Country		Telephone		Fax				
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>								
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname					
Martin G.			Sirois					
Inventor's Signature			Date					
Residence: City		Montreal	State	Quebec	Country	Canada	Citizenship	Canada
Mailing Address						5000 Belanger Street		
Mailing Address								
City		Montreal	State	Quebec	ZIP	H1T 1C8	Country	Canada
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname					
Elazer R.			Edelman					
Inventor's Signature			Date					
Residence: City		Brookline	State	MA	Country	USA	Citizenship	USA
Mailing Address						91 Baxter Road		
Mailing Address								
City		Brookline	State	MA	ZIP	02146	Country	USA
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								



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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>3</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Robert D.		Rosenberg	
Inventor's Signature		Date	
Residence: City	Jamestown	State	RI
Country	USA	Citizenship	USA
Mailing Address 126 Highland Avenue			
Mailing Address			
City	Jamestown	State	RI
ZIP	02835	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael		Simons	
Inventor's Signature		Date 12-9-01	
Residence: City	Chestnut Hill Hanover	State	MA NH
Country	USA	Citizenship	USA
Mailing Address 115 Grove Street 99 E. Wheelock ST			
Mailing Address			
City	Chestnut Hill Hanover	State	MA NH
ZIP	02167 03755	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

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